

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091786075 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.							
	1		1			51					
2		1	1		52						
3	1		1		53						
4	1		1		54						
5	1		1		55						
6		1	1		56						
7	1		1		57						
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43					93						
44					94						
45					95						
46					96						
47					97						
48					98						
49					99						
50					100						
TOTAL IND.			1		TOTAL IND.						
TOTAL DEP.			9		TOTAL DEP.						
TOTAL CLAIMS			10		TOTAL CLAIMS						